

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Compositions and Methods for Treating Hair Loss Using Non-naturally Occurring Prostaglandins

the specification of which

(check
one)

☐
☒

is attached hereto.

was filed on **January 31, 2001** as United States Application No. _____ or
PCT International Application Serial No. _____

and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35 United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number)

(Country)

(Day/Month/Year Filed)

☐
Yes

☐
No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

60/193,645

3/31/2000

Application Serial No.

Filing Date

Application Serial No.

Filing Date

I hereby claim the benefit under Title 35 United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35 United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

As named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Atty Name
Catherine U. Brown
Lenard W. Lewis
T. David Reed
Timothy B. Guffey
Eileen L. Hughett
Linda M. Sivik

Atty Reg Number
44,565
30,769
32,931
41,048
34,352
44,982

Associate Power
of Attorney Attached
☐ Yes ☒ No

SEND CORRESPONDENCE TO:

Attorney or Agent's Name: Catherine U. Brown

The Procter & Gamble Company, Miami Valley Laboratories (513) 627-1637

Company Name

Phone No.

P. O. Box 538707

Cincinnati

Ohio

45253-8707

Street

City

State

Zip Code

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor Mitchell Anthony DeLong

Inventor's signature

Date January 26, 2001

Residence 8084 Tyler's Circle, West Chester, Ohio 45069

Citizenship USPost Office Address 8084 Tyler's Circle, West Chester, Ohio 45069

Full name of second joint inventor, if any: John McMillan McIver

Inventor's signature

Date _____

Residence 9999 Indian Springs Dr., Cincinnati, Ohio 45241

Citizenship US

Post Office Address 9999 Indian Springs Dr., Cincinnati, Ohio 45241

Full name of third joint inventor, if any Robert Scott Youngquist

Inventor's signature

Date _____

Residence 8511 Charleston Knoll Court, Mason, Ohio 45040

Citizenship US

Post Office Address 8511 Charleston Knoll Court, Mason, Ohio 45040